

SERIAL NUMBER 09/382,433	FILING DATE 08/25/99	CLASS 602	GROUP ART UNIT 3733	ATTORNEY DOCKET NO. I19.12-0010	
APPLICANT	JOHN G. STARK, EXCELSIOR, MN; DUANE P. OYEN, MAPLE GROVE, MN; THOMAS BYBEE, RAMSEY, MN; ARTHUR M. LOHMANN, MINNETONKA, MN; JOEL L. BOYD, EDEN PRAIRIE, MN.				
	CONTINUING DOMESTIC DATA*** VERIFIED PROVISIONAL APPLICATION NO. 60/098,779 09/01/98				
	371 (NAT'L STAGE) DATA*** VERIFIED				
	FOREIGN APPLICATIONS*** VERIFIED				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/21/99					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Initials</u> <u>Initials</u>		STATE OR COUNTRY MN	SHEETS DRAWING 20	TOTAL CLAIMS 49	INDEPENDENT CLAIMS 6
ADDRESS	WESTMAN CHAMPLIN & KELLY PA 900 SECOOND AVENUE SOUTH SUITE 1600 MINNEAPOLIS MN 55402-3319				
	ORTHOSSES FOR JOINT REHABILITATION				
TITLE					
FILING FEE RECEIVED \$1,516	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER 09/382,433	FILING DATE 08/25/99	CLASS 602	GROUP ART UNIT 3733	ATTORNEY DOCKET NO. 119.12-0010
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APPLICANT JOHN G. STARK, EXCELSIOR, MN; DUANE P.M. OYEN, MAPLE GROVE, MN; THOMAS BYBEE, RAMSEY, MN; ARTHUR M. LOHMANN, MINNETONKA, MN; JOEL L. BOYD, EDEN PRAIRIE, MN.

****CONTINUING DOMESTIC DATA*******
 VERIFIED PROVISIONAL APPLICATION NO. 60/098,779 09/01/98
YES

****371 (NAT'L STAGE) DATA*******
 VERIFIED
NONE

****FOREIGN APPLICATIONS*******
 VERIFIED
NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/21/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 20	TOTAL CLAIMS 49	INDEPENDENT CLAIMS 6
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS WESTMAN CHAMPLIN & KELLY PA
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TITLE ORTHOSES FOR JOINT REHABILITATION

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